

<i>SERFF Tracking Number:</i>	<i>AEGC-125928045</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Monumental Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41025</i>
<i>Company Tracking Number:</i>	<i>1068</i>		
<i>TOI:</i>	<i>MS02G Group Medicare Supplement - Pre-Standardized</i>	<i>Sub-TOI:</i>	<i>MS02G.000 Medicare Supplement - Pre-Standardized</i>
<i>Product Name:</i>	<i>Monumental Life Insurance Company 2009 Annual PreStandard Group Medicare Supplement</i>		
<i>Project Name/Number:</i>	<i>2009 Monumental Life Insurance Company PreStandard Group Medicare Supplement Rates/55 pregroup</i>		

## Filing at a Glance

Company: Monumental Life Insurance Company

Product Name: Monumental Life Insurance      SERFF Tr Num: AEGC-125928045      State: ArkansasLH

Company 2009 Annual PreStandard Group  
Medicare Supplement

TOI: MS02G Group Medicare Supplement - Pre-Standardized      SERFF Status: Closed      State Tr Num: 41025

Sub-TOI: MS02G.000 Medicare Supplement - Pre-Standardized      Co Tr Num: 1068      State Status: Approved-Closed

Filing Type: Rate	Co Status:	Reviewer(s): Stephanie Fowler
	Authors: Carolyn Mills, Teri Schaffer, Kristina Davis	Disposition Date: 12/12/2008
	Date Submitted: 12/04/2008	Disposition Status: Approved

Implementation Date Requested: 03/01/2009

Implementation Date:

State Filing Description:

## General Information

Project Name: 2009 Monumental Life Insurance Company PreStandard Status of Filing in Domicile: Pending  
Group Medicare Supplement Rates

Project Number: 55 pregroup

Requested Filing Mode: Review & Approval

Date Approved in Domicile:

Domicile Status Comments: The rates for this policy form in our domiciliary state of Iowa are pending.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact: 10%

Group Market Type: Association

Filing Status Changed: 12/12/2008

State Status Changed: 12/12/2008

Deemer Date:

Corresponding Filing Tracking Number:

*SERFF Tracking Number:* AEGC-125928045      *State:* Arkansas  
*Filing Company:* Monumental Life Insurance Company      *State Tracking Number:* 41025  
*Company Tracking Number:* 1068  
*TOI:* MS02G Group Medicare Supplement - Pre-Standardized      *Sub-TOI:* MS02G.000 Medicare Supplement - Pre-Standardized  
*Product Name:* Monumental Life Insurance Company 2009 Annual PreStandard Group Medicare Supplement  
*Project Name/Number:* 2009 Monumental Life Insurance Company PreStandard Group Medicare Supplement Rates/55 pregrou

**Filing Description:**

2009 Annual Rate Revision for Monumental Life Insurance Company PreStandard Group Medicare Supplement Policies. Policy Form#(s): MS3000PGM, MSP1000, MSP2000

Dear Ms. Minor:

Enclosed is our rate submission for all benefits contained in Medicare Supplement plans issued prior to the 1992 Medicare regulations. This rate revision would be effective the first day of the month following 60 days from the effective date of the approval.

To aid in the rate review process, the actuarial memorandum is in line with the rate revision filing format recommended in the NAIC Medicare Supplement Model Regulations Compliance Manual.

Enclosed to complete this submission are:

- Actuarial Memorandum with Exhibit A
- Projection Exhibit
- Life, Accident & Health Transmittal Document

Should you have any questions or concerns, please feel free to call me at 800-233-4624 extension 5236 or our Actuary, Stephen Baloga at extension 5226. For your convenience you can email us at [msapprovals@aegonusa.com](mailto:msapprovals@aegonusa.com). If you prefer, our fax number is 410-209-5904.

Sincerely,

Teri Schaffer,  
Actuarial Administrative Supervisor

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 Standardized Standardized  
 Product Name: Monumental Life Insurance Company 2009 Annual PreStandard Group Medicare Supplement  
 Project Name/Number: 2009 Monumental Life Insurance Company PreStandard Group Medicare Supplement Rates/55 pregroup

## Company and Contact

### Filing Contact Information

Carolyn Mills, Assistant Actuarial Statistician cemills@aegonusa.com  
 520 Park Avenue (410) 209-5644 [Phone]  
 Baltimore, MD 21201 (410) 209-5904[FAX]

### Filing Company Information

Monumental Life Insurance Company	CoCode: 66281	State of Domicile: Iowa
4333 Edgewood Road, NE	Group Code: 468	Company Type: Life and Health
Cedar Rapids, IA 52499	Group Name:	State ID Number:
(800) 233-4624 ext. [Phone]	FEIN Number: 52-0419790	
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Monumental Life Insurance Company	\$50.00	12/04/2008	24336549

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Stephanie Fowler	12/12/2008	12/12/2008

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## Disposition

Disposition Date: 12/12/2008

Implementation Date:

Status: Approved

Comment:

<b>Company Name:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Premium:</b>	<b>Maximum % Change (where required):</b>	<b>Minimum % Change (where required):</b>	<b>Overall % Indicated Change:</b>
Monumental Life Insurance Company	0.000%	\$2,813	10	\$28,128	10.000%	10.000%	0.000%

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	Uniform transmittal	Accepted for Informational Purposes	Yes
Rate	Rates	Approved	Yes
Rate	Rates	Approved	Yes
Rate	Rates	Approved	Yes

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## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	serff
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	20.000%
<b>Effective Date of Last Rate Revision:</b>	03/01/2008
<b>Filing Method of Last Filing:</b>	serff

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Monumental Life Insurance Company	0.000%	0.000%	\$2,813	10	\$28,128	10.000%	10.000%

<i>SERFF Tracking Number:</i>	<i>AEGC-125928045</i>	<i>State:</i>	<i>Arkansas</i>
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## Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved	Rates	MS3000PGM	Revised		exhibita_l.pdf
Approved	Rates	MSP1000	Revised		
Approved	Rates	MSP2000	Revised		



**Exhibit A**  
**Monumental Life Insurance Company**

**Mass Marketed Pre-Standard Group Medicare Supplement  
Premium Rates  
State of Arkansas**

Composite Age Monthly Rates	
	<b>Premium</b>
<b>Part A</b>	
Part A Basic	9.72
Part A Deductible	55.38
<b>Part B</b>	
20% coinsurance after MED Ded - \$100 O/P, \$0 I/P	173.80
20% coinsurance after MED Ded - \$100	167.98
20% coinsurance after Deductibles - \$100 MED & \$100	140.80
20% coinsurance with no MED Deductible, I/P only	87.62
\$100 Deductible for IP Surgery	5.20
\$100 Deductible Payable	9.01
<b>Riders</b>	
Foreign Country	1.12
Immunizations	0.35
Private Duty Nursing	0.35
<b>Skilled Nursing</b>	
1/8 of the Part A Deductible for days 21 - 100	7.74
1/8 of the Part A Deductible for days 101 - 365	3.31
1/4 of the Part A Deductible for days 21 - 100	15.40
1/4 of the Part A Deductible for days 101 - 365	6.60
<b>Prescription Drugs - Coinsurance %/Deductible/Maximum</b>	
RX - 50%/\$100/\$300 standard	55.31
RX - 50%/\$100/\$500	76.75
RX - 80%/\$100/\$500	85.06
RX - 50%/\$100/\$1,000	192.67
RX - 20% of actual charges/\$0/none	112.21
<b>Other</b>	
Actual Charges	31.96
Ambulance	7.33
Convalescent Care	18.25
Home Health Care	13.87

[illegible]

	Proposed
<b>Composite Premium</b>	<b>Increase Percent</b>
10.69	10.0%
60.92	10.0%
191.18	10.0%
184.77	10.0%
154.88	10.0%
96.39	10.0%
5.72	10.0%
9.91	10.0%
1.23	10.0%
0.38	10.0%
0.38	10.0%
8.51	10.0%
3.64	10.0%
16.94	10.0%
7.26	10.0%
60.84	10.0%
84.43	10.0%
93.56	10.0%
211.94	10.0%
123.43	10.0%
35.15	10.0%
8.07	10.0%
20.08	10.0%
15.26	10.0%

	Annual	Semi-Annual	Quarterly	Monthly	Auto-Monthly
<b>Modal Factors</b>	12.000	6.000	3.000	1.000	0.960

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## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform transmittal	<b>Review Status:</b>	Accepted for Informational Purposes	12/12/2008
<b>Comments:</b>				
<b>Attachment:</b>	uniform_transmittal.pdf			

**Life, Accident & Health, Annuity, Credit Transmittal Document**

<b>1.</b>	<b>Prepared for the State of</b>	Arkansas					
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<b>2.</b>	<b>Department Use Only</b>
	<b>State Tracking ID</b>

<b>3.</b>	<b>Insurer Name &amp; Address</b>	<b>Domicile</b>	<b>Insurer License Type</b>	<b>NAIC Group #</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
	Monumental Life Insurance Company 520 Park Avenue Baltimore, MD 21201-4500	Iowa	Accident & Health	468	66281	52-0419790	

<b>4.</b>	<b>Contact Name &amp; Address</b>	<b>Telephone #</b>	<b>Fax #</b>	<b>E-mail Address</b>
	Teri Schaffer Actuarial Administrative Supervisor 520 Park Avenue Baltimore, MD 21201-4500	800-233-4624 ext. 5236	410-209-5904	msapprovals@aegonusa.com

<b>5.</b>	<b>Requested Filing Mode</b>	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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<b>6.</b>	<b>Company Tracking Number</b>	1068
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<b>7.</b>	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission      Previous file # _____
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<b>8.</b>	<b>Market</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise  <input type="checkbox"/> Small [X] Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input checked="" type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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<b>9.</b>	<b>Type of Insurance</b>	MS02G Group Medicare Supplement - Pre Standardized
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<b>10.</b>	<b>Product Coding Matrix Filing Code</b>	<u>MS02G.000 Medicare Supplement - Pre-Standardized</u>
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<b>11.</b>	<b>Submitted Documents</b>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <b><u>FORMS</u></b>  <input type="checkbox"/> Policy      <input type="checkbox"/> Outline of Coverage      <input type="checkbox"/> Certificate  <input type="checkbox"/> Application/Enrollment      <input type="checkbox"/> Rider/Endorsement      <input type="checkbox"/> Advertising  <input type="checkbox"/> Schedule of Benefits      <input type="checkbox"/> Other         </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <b><u>Rates</u></b>  <input type="checkbox"/> New Rate      <input checked="" type="checkbox"/> Revised Rate         </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b>          Please explain: _____         </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <b><u>SUPPORTING DOCUMENTATION</u></b>  <input type="checkbox"/> Articles of Incorporation      <input type="checkbox"/> Third Party Authorization  <input type="checkbox"/> Association Bylaws      <input type="checkbox"/> Trust Agreements  <input type="checkbox"/> Statement of Variability      <input type="checkbox"/> Certifications  <input checked="" type="checkbox"/> Actuarial Memorandum  <input type="checkbox"/> Other: _____         </div>
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<b>12.</b>	<b>Filing Submission Date</b>	December 1, 2008
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13.	<b>Filing Fee (If required)</b>	Amount	\$ 50.00	Check Date										
		Retaliatory	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check Number										
14.	<b>Date of Domiciliary Approval</b>	The rates for this policy form in our domiciliary state of Iowa are pending												
15.	<b>Filing Description:</b>													
	<p><b>2009 Annual Rate Filing for Pre-Standard Mass Marketed Medicare Supplement Policies: Monumental Life Insurance Company</b></p> <p><b><u>POLICY FORM #(s):</u></b></p> <p>MS3000PGM MSP1000 MSP2000</p>													
16.	<b>Certification (If required)</b>													
<p><b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p>														
<p>Print Name: Stephen Baloga, A.S.A., M.A.A.A. Title: Assistant Vice President and Actuary</p>														
<p>Signature:  Date: December 1, 2008</p>														

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number		1068		
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing		10.0%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	Actuarial Memorandum Memorandum, rates, historical earned premium and incurred claims exhibit, loss ratio projections	MSP1000 MSP2000 MS3000PGM	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <u>10.0%</u> <input type="checkbox"/> Other _____	
02	Life, Accident & Health Transmittal Document Pages 1 thru 3	MSP1000 MSP2000 MS3000PGM	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <u>10.0%</u> <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% ____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% ____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% ____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% ____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% ____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% ____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% ____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% ____% <input type="checkbox"/> Other _____	

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